



TRAVEL INSURANCE CERTIFICATE

CONTRACT NUMBER : **P000010**

CARDHOLDER

| |
|--|
| PAUL JAMES |
| 000 STREET NAME BOUCHERVILLE QC J4B 7M7 |

DISTRIBUTOR

| |
|--|
| DISTRIBUTOR NAME : TRAVEL INSURANCE CERTIFICATE |
| DISTRIBUTOR NUMBER : 000-00000 |

PRODUCT : DAILY TRAVEL INSURANCE

TYPE OF PLAN : FAMILY

EFFECTIVE DATE : 00-00-0000

TERMINATION : 00-00-0000

STATUS : APPLICATION

MAXIMUM STAY : 4 DAYS

PURCHASE DATE : 00-00-0000

TRANSACTION DATE : 06-06-2004

| COVERED PERSONS | | |
|-----------------|-------|----|
| PAUL | JAMES | 00 |
| PAUL | JAMES | 00 |

| BENEFIT | COVERAGE | PREMIUM | DISCOUNT | TAX | TOTAL |
|---|----------------------|---------|----------|-----|-------|
| MEDICAL/HOSPITAL ACC.DEATH/DISMEMBERMENT INCL. | 0 000 000 00.00 | 00.00 | | | |
| | TOTAL PREMIUM | 00.00 | | | |

| | | | | | |
|--------------------------------------|--|------------------------------|--|--|----------|
| PAID BY : VISA | | | | | |
| AUTHORIZATION NUMBER : 000000 | | TOTAL PREMIUM : | | | \$ 00.00 |
| PAYER'S NAME : PAUL JAMES | | AMOUNT PAID TO DATE : | | | \$ 00.00 |
| AMOUNT OF TRANSACTION : | | | | | \$ 0.00 |

It is VERY IMPORTANT that you read your policy over carefully as it contains certain restrictions. In addition, please take note of all **exclusions**.

In the event of hospitalization or **medical consultation**, you must contact CANASSISTANCE IMMEDIATELY. Failure to do so may result in REFUSAL of your claims.

BON VOYAGE !



POLICY HOLDER :
PAUL JAMES

CONTRACT :
0000000

MEDICARE :
1234567890



DETACH THIS CARD AND KEEP IT WITH YOU THROUGHOUT THE DURATION OF YOUR TRIP.

PRESENT IT EACH TIME YOU HAVE A MEDICAL CONSULTATION.